

Application or Docking Number:

101723184

(Column 1)	(Column 2)
1	2
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97	98
99	100

SMALL ENTITY	
RATE (\$)	FEE (\$)
X	
X	
TOTAL	

OTHER THAN SMALL ENTITY	
RATE (\$)	FEE (\$)
X	
X	
TOTAL	

Reference in column 1 to time than zero, enter "0" in column 2.

(Column 1)	(Column 2)	(Column 3)
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09/03/21		

(Column 1)		(Column 2)		(Column 3)
OLYMPIC REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
Total Pr. 1.10(1)	50	Minus	54	2
Resident Pr. 1.10(2)	3	Minus	3	2
Location Site Fee (37 CFR 1.10(e))				
PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.10(1))				

SMALL ENTITY	
RATE (\$)	ADDITIONAL FEE (\$)
x 25 =	
x 100 =	
<u>180</u>	
TOTAL ADD'L FEE	

OTHER THAN SMALL ENTITY	
RATE (\$)	ADDITIONAL FEE (\$)
x .50 =	}
x 200 =	
360	
TOTAL ADD'L FEE	

(Column 1)		(Column 2)		(Column 3)
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
1st 1.16(1)	00	Minus	64	2
2nd 1.16(1)	3	Minus	3	2
Bon Size Fee (37 CFR 1.16(e))				
PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(f))				

RATE (\$)	ADDITIONAL FEE (\$)
X	
X	
TOTAL ADD'L FEE	

	RATE (\$)	ADDITIONAL FEE (\$)
OR	X	
OR	X	
OR		
OR	TOTAL	
	ADD'L FEE	

If in column 1 is less than the entry in column 2, write "0" in column 3.
 If the Number Previously Paid For in THIS SPACE is less than 20, enter "20".
 If the Number Previously Paid For in THIS SPACE is less than 30, enter "30".
 If the Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.
 Information is required by 37 CFR 1.18. The information is required to obtain or retain a benefit by the public which is to file (and by the
 U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS
) TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.